

Adult Social Services: Adult Care Homes (ACH) Licensing & Monitoring

Adult Care Homes (ACH), commonly referred to as Rest Homes, Family Care Homes, or Assisted Living, are homes which provide residential care for aged and disabled adults. These homes provide around-the-clock or live-in staff who prepare meals, supervise medications, provide assistance with bathing, grooming and other personal care needs.

Adult Care Homes not only provide care for the elderly, but also for those with mental illnesses, developmental disabilities, and substance abuse problems. Family Care Homes provide care for up to six people in a family-like setting. These homes are usually found in residential areas. Homes for the Aged are larger facilities, serving seven or more people. Also, there are Developmentally Disabled Adult Homes which serve developmentally disabled individuals who participate in approved day programs. All three types of homes provide assistance with meeting the residents' daily needs, and have staff on duty 24 hours a day.

Nurses are not required in Adult Care Homes, although some do have nurses and certified nursing assistants on staff. Aides provide assistance with the activities of daily living such as bathing, dressing, grooming, and feeding. Adult Care Homes are different from nursing homes in the level of care they provide and the qualifications of staff.

NC Department of Facility Services is responsible for licensing these Adult Care Homes.

Montgomery County Department of Social Services is responsible for providing an Adult Home Specialist to monitor the facilities provision of services to the residents as set forth by the States standards.

Adult Home Specialist:

The Adult Service Unit assigns a Social Worker who serves as an adult home specialist (AHS). The purpose of this position is to monitor, investigate complaints, and provide assistance to facilities who work with a very challenging and diverse population. If there are any problems identified during the routine monitoring of the facility, the AHS is responsible to assure that a corrective plan is completed and signed by facility administrator and the problem is corrected.

Adult Care Home Licensing and Monitoring Services Include:

- Assist the State with Initial Licensure Process
- Investigations on "Unlicensed Facilities"
- Technical Assistance
- Routine Monitoring
- Complaint Investigation
- Negative Actions

Annually, the AHS is responsible for completing a comprehensive evaluation of all licensure areas, and developing a Annual Monitoring Plan to prioritize and target each area for review. The areas include:

- Medication
- Activities
- Resident Funds

- Food Service
- Admission and Discharge
- Physical Environment
- Management and Personnel
- Health Care

Resident Rights

Adult Social Services: Enhanced Care/Case Management

Enhanced Care is one of the four fixed daily rates paid to a Medicaid enrolled care home for the provision of personal care assistance to heavy care residents.

A heavy care resident is one who needs extensive assistance or is totally dependent on staff for eating, toileting, and/or ambulation.

Who is Eligible?

A Special Assistance Medicaid eligible resident of an Adult Care Home.

How and Who Makes a Referral for this Service?

An Adult Care Home makes the referral to the Department of Social Services Adult Care Home Case Manager/Social Worker. It can be made by phone or letter. Upon receiving the referral a Social Worker/Case Manager will assess and determine eligibility of the Adult Care Home resident.

Case Management Services include:

- Assessment of Need
- Monthly and Quarterly contacts to assure needs are met
- Yearly reassessment of need

Adult Social Services: Community Alternative Program (CAP)

The community Alternative Program (CAP) is a Medicaid waiver program, which provides an alternative to nursing home placement for those eligible persons.

You or someone you know could be eligible if:

- You would be 18 years or older and at risk of being placed in a nursing facility, or live in a nursing facility and want to return home.
- You require nursing home care, not rest home care
- You are eligible for Medicaid under the CAP/DA guidelines
- You need CAP services to remain safely at home and can do so within the Medicaid cost limit, and
- You want CAP/DA Services instead of institutional care

A nurse/social worker team will assess your social and medical needs and develop a care plan to meet those needs.

CAP Services include:

- Case Management Services(a case manager helps coordinate services, provides information and arranges for community resources)
- In Home Aide Services (Assistance with personal care and basic home management tasks as well as companionship and supervision)
- Medical Equipment and Supplies
- Home mobility Aides (wheelchair ramps, grab bars, handheld showers safety rails)
- Preparation/Delivery of Meals
- Respite Care (short term stay in a facility to provide temporary relief for primary caregivers)
- Telephone Alert
- Adult Day Health Services (Care for adults who need a structured day program of activities and services with nursing supervision)

Regular Medicaid Services (nursing visits, Physical Therapy, Occupational Therapy, Speech Therapy, and Home health Aid).